

NAME **Cummins Northwest, Inc.**  
 ADDRESS **811 Southwest Grady Way  
 Renton, WA 98055-2944**  
 COUNTY **Lewis**  
 FACILITY **Cummins Northwest, Inc.**  
 LOCATION **926 NW Maryland Street  
 Chehalis, WA 98532**

<b>ST 6125</b>	<b>001</b>
PERMIT NUMBER	DISCHARGE NUMBER

**NOTE: Read instructions  
before completing this form.**

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
		01				
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)				NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE MONTHLY	MAXIMUM DAILY	UNITS	MINIMUM DAILY	AVERAGE MONTHLY	MAXIMUM DAILY	UNITS			
Flow	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	Report	Report	MGD					n/a	1/Batch	Batch
Oil & Grease	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT					100	100	mg/L	0	1/Batch	Grab
pH	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT				6		9	s.u	0	1/Batch	Grab
TSS	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT					300	300	mg/L	0	1/Batch	Grab
Temperature	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT					150	150	°F	0	1/Batch	Grab
Arsenic	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT					0.23	0.23	mg/L	0	1/Batch	Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)				TELEPHONE		DATE			
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

*Permittee is required to use sampling and analytical methods according to the permit. Further, the methods quantitation/reporting levels must be equal to or less than the corresponding permit limits. If such methods do not exist, the Permittee must use methods with lowest quantitation/reporting levels available.*

PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location if different)

DISCHARGE MONITORING REPORT (DMR)

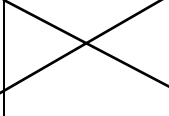
Submit Monthly

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		AVERAGE MONTHLY	MAXIMUM DAILY	UNITS	MINIMUM DAILY	AVERAGE MONTHLY	MAXIMUM DAILY	UNITS			
Cadmium	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT					0.15	0.15	mg/L	0	1/Batch	Grab
Chromium	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT					2.0	2.0	mg/L	0	1/Batch	Grab
Copper	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT					0.25	0.25	mg/L	0	1/Batch	Grab
Cyanide	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT					1.4	1.4	mg/L	0	1/Batch	Grab
Lead	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT					0.14	0.14	mg/L	0	1/Batch	Grab
Nickel	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT					1.80	1.80	mg/L	0	1/Batch	Grab
Zinc	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT					1.4	1.4	mg/L	0	1/Batch	Grab
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